	Connecticut Department	of Public H	lealth	Dı	rinking	Water	Sec	tion	
	Water Quality Mon	nitoring an	d Con	ıpl	iance S	Schedul	e		
PWS ID	PWS Name	/S Name			ssification	Population	Owne	r Type P	rimary Source
CT0509033	MIDDLESEX HOSPITAL PHYS REHAB&OC	CUP. MED			NC	40	F)	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industria	al Co	ombined	Agricultural
252 WESTBRO	OOK ROAD	Connections	1		1				
Towns Served	:	·				·			·
	Mo	nitoring Requ	ıireme	nts					
Water Syste	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Asbestos (1	1094)			1 routine (RT) per nine years					
Sampling	g Point (Sampling Point ID)		Monitori	ng P	Period C	Collection Period Compliance S		iance Status	
Select fro	om Inventory of Active Sampling Points		1/1/11 -	12/2	22/15	1/1-12/22		Co	omplete
Total Colifo	rm (3100)					1	routi	ne (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ng P	Period C	ollection Per	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		10/1/18 -	12/	31/18			Co	omplete
			1/1/19 -	3/3	1/19	·			
	·	·	4/1/19 -	6/3	0/19				
	·	·	7/1/19 -	9/3	0/19				
Physical Par	rameters (PPS)					1	routi	ne (RT)	per quarter

	., =, = 5, 50, = 5				
Physical Parameters (PPS)		1 routine (RT) per quarte			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19				
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

Public Notification Requirements								
	Compliance	Notice	ice <u>Public Notification</u> <u>PN Certification</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019		11/23/2019			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage ? DBPR		
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ						
		MHMMCSWT1	MECHROOM SPIKIT	Α	Υ	2	Υ				
		MHMMCSWT2	KITCHEN SINK	Α	Υ	2	Υ				
		MHMMCSWT3	EMP BATHROOM SINK	Α	Υ	2	Υ				
		MHMMCSWT4	ULTRASOUND SINK	Α	Υ	2	Υ				
		MHMMCSWT5	LAB SINK	Α	Υ	2	Υ				
		MHMMCSWT6	NURSING SINK	Α	Υ	2	Υ				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019 Page 1

	1						
СТ0509033	Water Quality Monitoring and Compliance Schedule SID PWS Name Classification Population Owner Type Primary Source						
PWS ID	PWS Name	(Classification	Population	Owner Type	Primary Source	
	Water Quality Monitoring and C	Com	pliance S	Schedul	е		
WS ID PWS Name Classification Population Owner Type Primary Source							

Connections

Service

A CD block all Deal to March

Residential Commercial Industrial

1

Combined

Agricultural

Towns Served:

Local Address (where applicable)

252 WESTBROOK ROAD

	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
00700	ENTRY POINT	3	ENTRY POINT	Α							
10221	WELL	2	WELL	Α							
50628	HYDRONEUMATIC STORAGE										

Certified	Operator	Information
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Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYS	TEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

Contact Information									
Name				Organization	Organization			Job Title	
Mr. Timothy J. Kavanaugh				Middlesex Ho	ospital		Engineering Operatio		
Mailing Address Line One Mailing Addr			ress Line Two			City State Zip Code			
28 Cresent Street						Middlete	own	CT	06457-3650
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-358-6000 860-358-6972				860-358-6000	tim.kava	naugh@midhos	o.org		
Contact Dolo/s).	-	Cantact Lac	al Cantast			•			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name				Clas	ssification	Population	Owner Type	ner Type Primary Source	
СТ0509113	SHORELINE PROFESSIONAL CENTER				NC	38	Р		GW
Local Address (where applicable) Service Res				itial	Commercia	al Industri	al Combin	ed	Agricultural
180 WESTBROO	80 WESTBROOK ROAD Connections 7								

Towns Served: ESSEX

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)	1 routine (RT) per qua							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							
Other Co	mpliance Schedules							

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2012							
CROSS CONNECTION SURVEY REPORT	3/1/2015							
RESPOND TO SANITARY SURVEY	3/8/2017							

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		SPC 002	180 WESTBROOK RD-B2	Р		N		
		SPC 003	180 WESTBROOK RD-B3	Р		N		
		SPC 004	180 WESTBROOK RD-B4	Р		N		
		SPC 005	180 WESTBROOK RD-B5	Р		N		
		SPC 006	180 WESTBROOK RD-B6	Р		N		
		SPC 007	180 WESTBROOK RD-B7	Р		Ν		
		SPC-001	180 WESTBROOK RD-B1	Р	Υ	Ν		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α		·		·

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Schedule Generation Date: 4/11/2019 Page 3

	Commodition of the state of the										
	Water Quality Mon	itoring and	d Con	npl	liance S	Schedul	le				
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT0509113	SHORELINE PROFESSIONAL CENTER			NC	38	Р	GW				
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed A	gricultural		
180 WESTBRC	OOK ROAD	Connections	7								

Connecticut Department of Public Health Drinking Water Section

Towns Served: ESSEX

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
10742	SHORELINE PROFESSIONAL CENTER WELL	2	SHORELINE PROFESSION	Α						
51379	PRESSURE STORAGE									

			Certifie	d Operat	or Information	1				
Water System Fa	cility: DISTR	IBUTION S	YSTEM (WS	F ID: 00600)						
Facility Classification	on: SMALL WA	TER SYSTEN	1						Certification	
Operator Name	Operator Name Operator Type Certification(s)								Expiration	
O'SHAUGHNESSY, \	O'SHAUGHNESSY, WILLIAM J. CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II							6/30/2021		
			Co	ontact Inf	ormation					
Name				Organization				Job Title		
Dr. Katrina A Wall				Shoreline Pro	ofessional Center		President			
Mailing Address Line One Mailing Add				ess Line Two	e Two City State			State	Zip Code	
180 Westbro				ok Road, Bldg	dg 6 Essex CT		СТ	06426		
Business Phone	Extension	Fax	Мс	obile Phone	Emergency Phone	Email Ad				
860-767-2262			86	0-304-0819		essexdentist@hotmail.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

Schedule Generation Date: 4/11/2019 Page 4